

Why Create Healthy Communities?

The Context for Health

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Health Officer and Director
Snohomish Health District

Leading Causes of Death in the United States, 1904

- 1. Pneumonia & influenza**
- 2. Tuberculosis**
- 3. Heart disease**
- 4. Diarrhea, enteritis, & intestinal ulcerations**
- 5. Intracranial vascular lesions (stroke)**
- 6. Nephritis**
- 7. Accidents**
- 8. Cancer**
- 9. Senility**
- 10. Bronchitis**

Leading Causes of Death in the United States, 1904

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Leading Causes of Death Snohomish County, 2006

1. Malignant neoplasms (cancer)
2. Heart disease
3. Unintentional injuries
4. Chronic lower respiratory diseases
5. Alzheimer's disease
6. Cerebrovascular disease (stroke)
7. Diabetes mellitus
8. Influenza & pneumonia
9. Suicide
10. Chronic liver disease/cirrhosis

Actual Causes of Death US, 2006

Cause	Estimated Deaths
Tobacco	400,000
Diet & activity patterns	300,000
Alcohol	100,000
Microbial agents	90,000
Toxic agents	60,000
Firearms	35,000
Sexual behavior	30,000
Motor vehicles	25,000
Illicit use of drugs	20,000

How Do We Define Obesity?

- Obesity defined as $\text{BMI} \geq 30$

$$\text{BMI} = \text{kg} / \text{m}^2$$

- BMI is a population-based measure

Obesity Increases the Risk of...

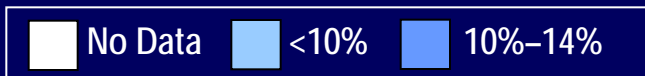
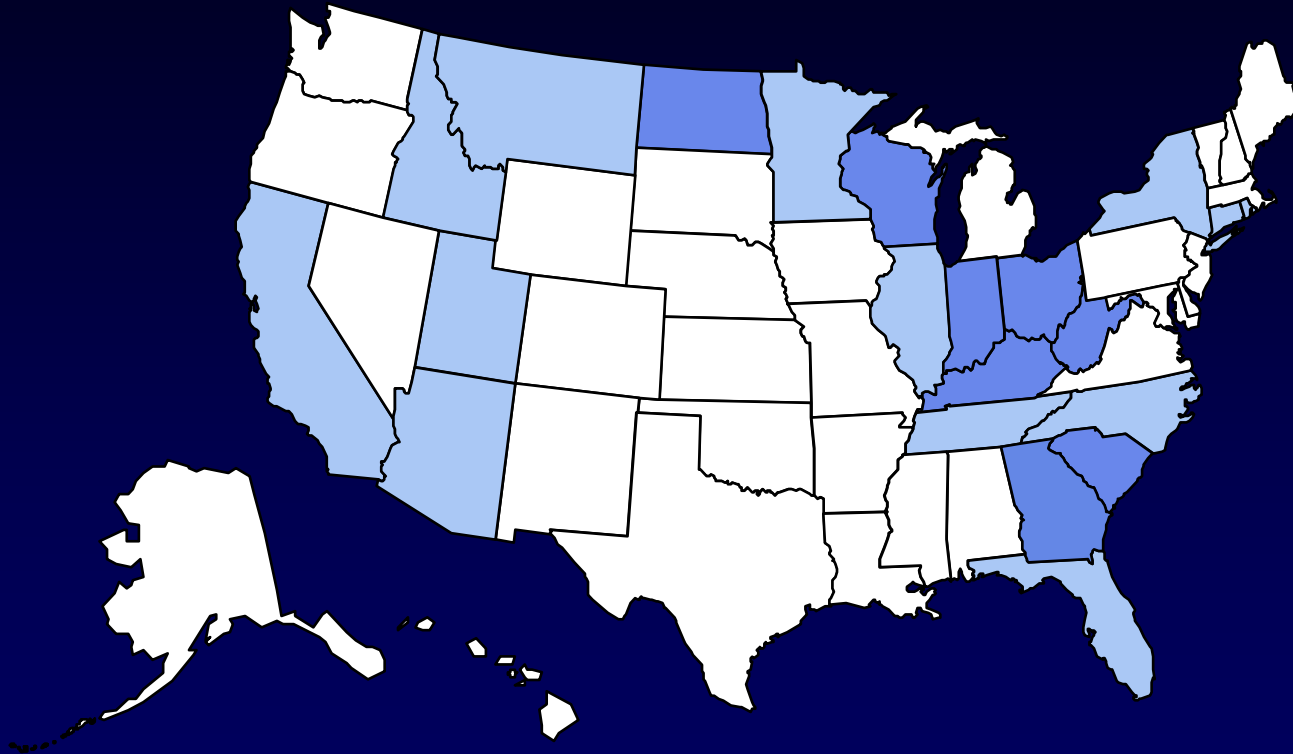
- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast and colon)
- Hypertension
- Dyslipidemia
- Stroke
- Liver and Gallbladder disease
- Sleep apnea and respiratory problems
- Arthritis
- Gynecological problems
- Poor mental health

Obesity is increasing...

Obesity Trends* Among U.S. Adults

BRFSS, 1985

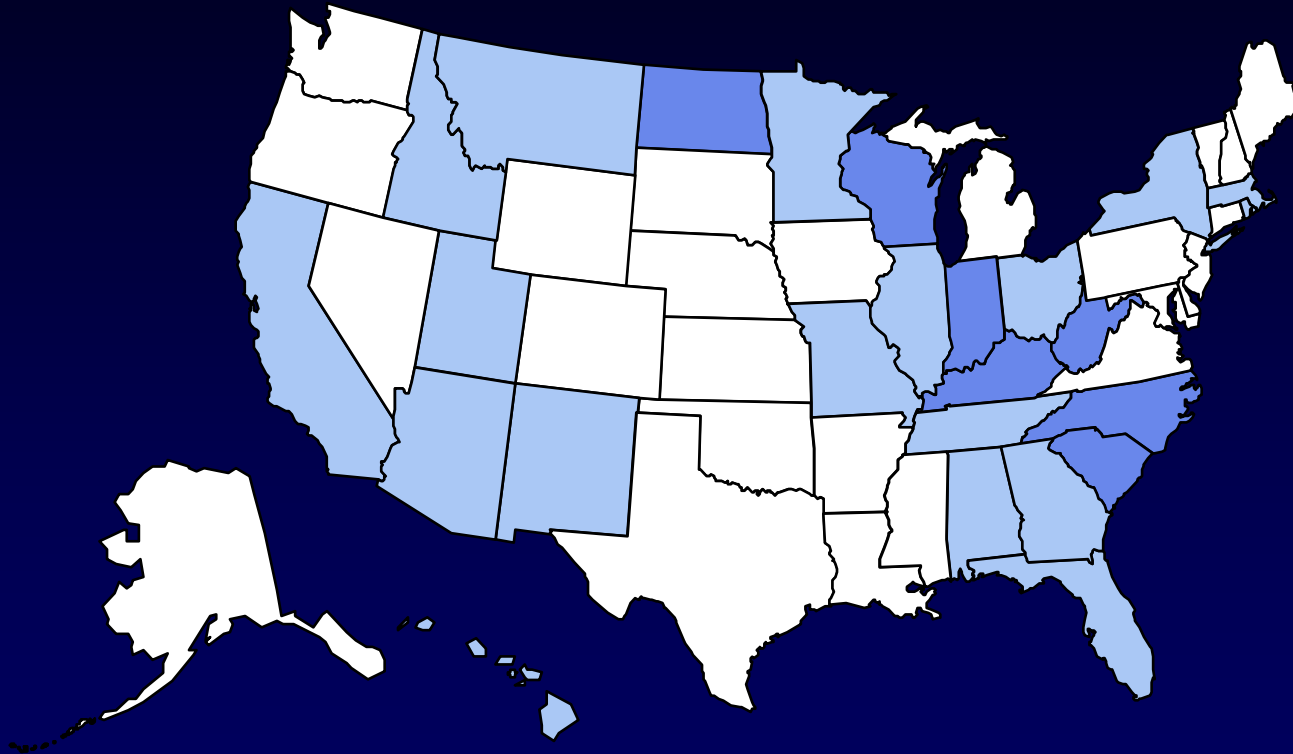
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 1986

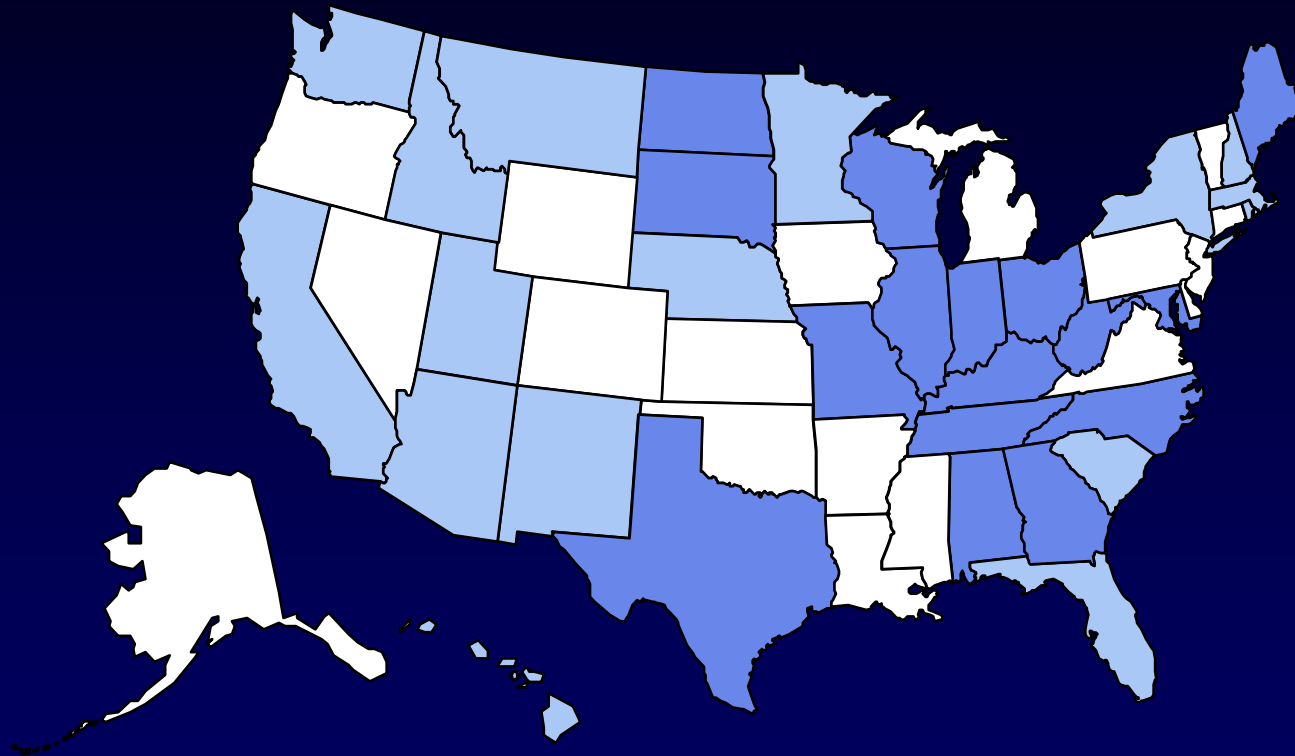
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 1987

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

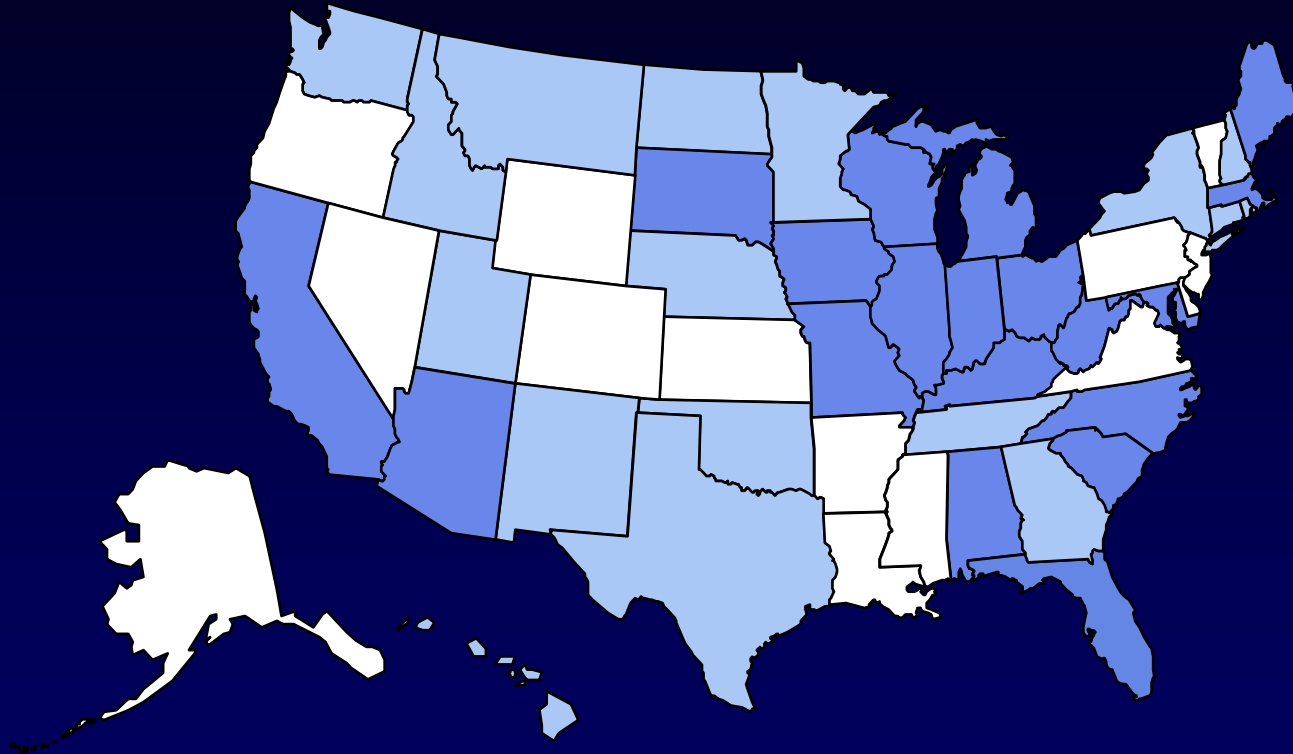


■ No Data ■ <10% ■ 10%-14%

Obesity Trends* Among U.S. Adults

BRFSS, 1988

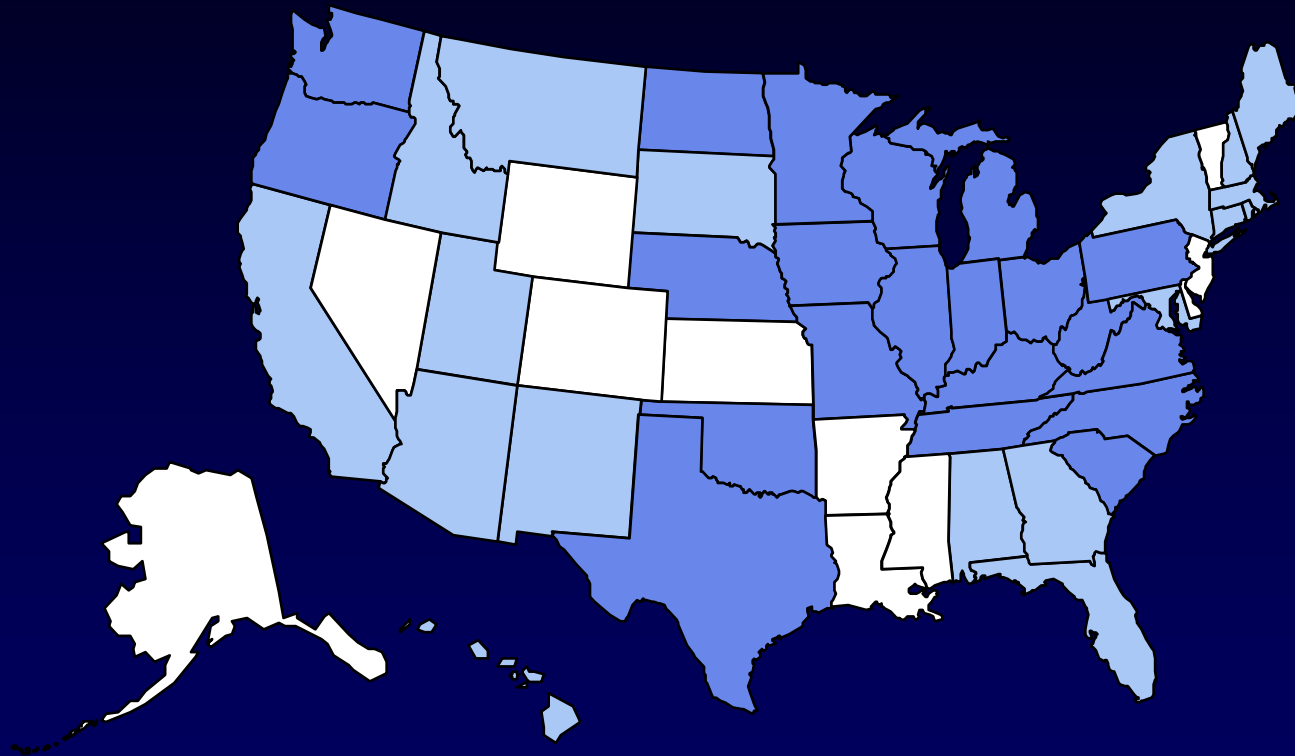
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 1989

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

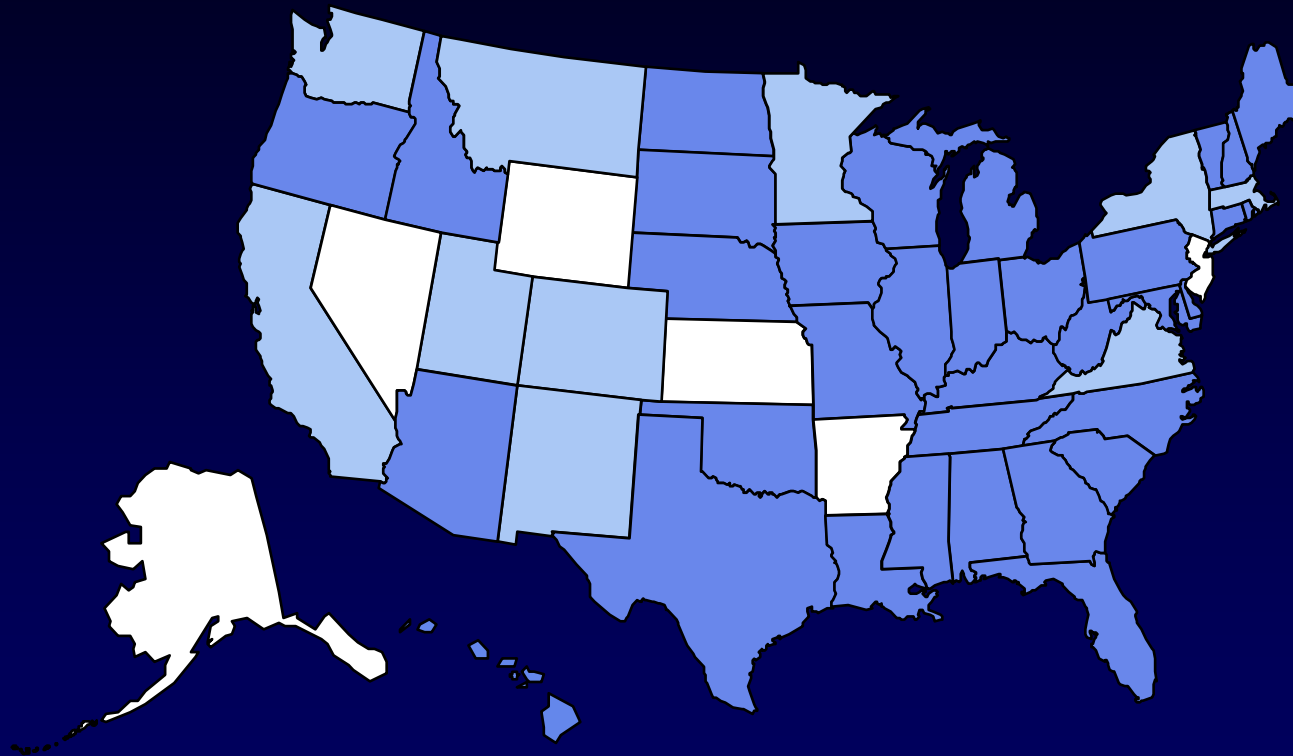


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Obesity Trends* Among U.S. Adults

BRFSS, 1990

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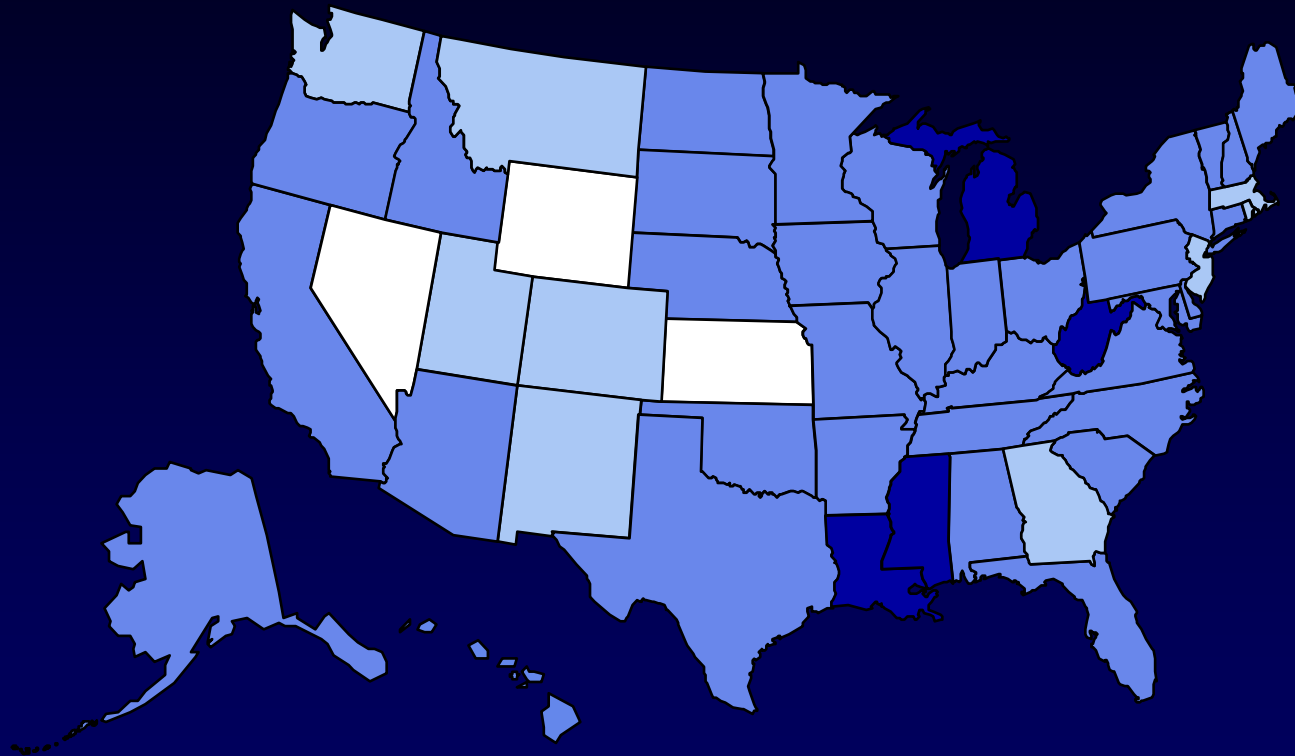


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Obesity Trends* Among U.S. Adults

BRFSS, 1991

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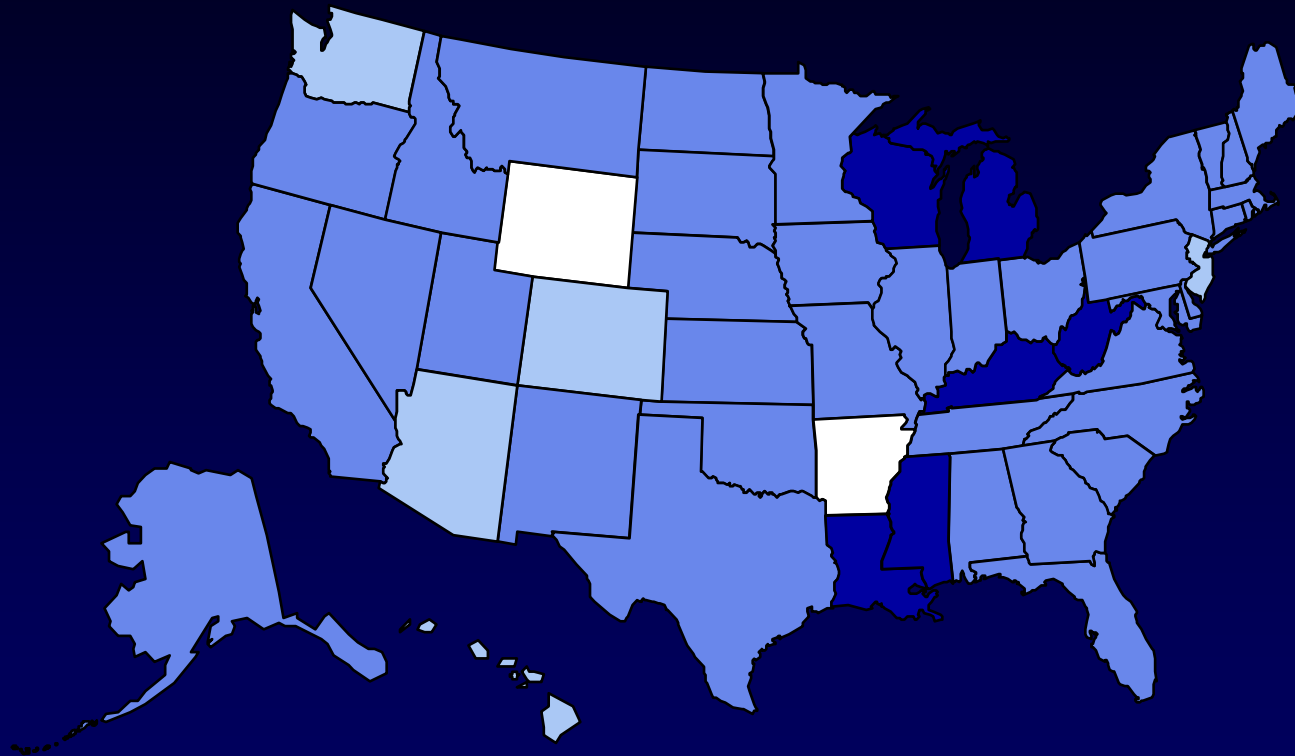


■ No Data ■ <10% ■ 10%-14% ■ 15%-19%

Obesity Trends* Among U.S. Adults

BRFSS, 1992

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

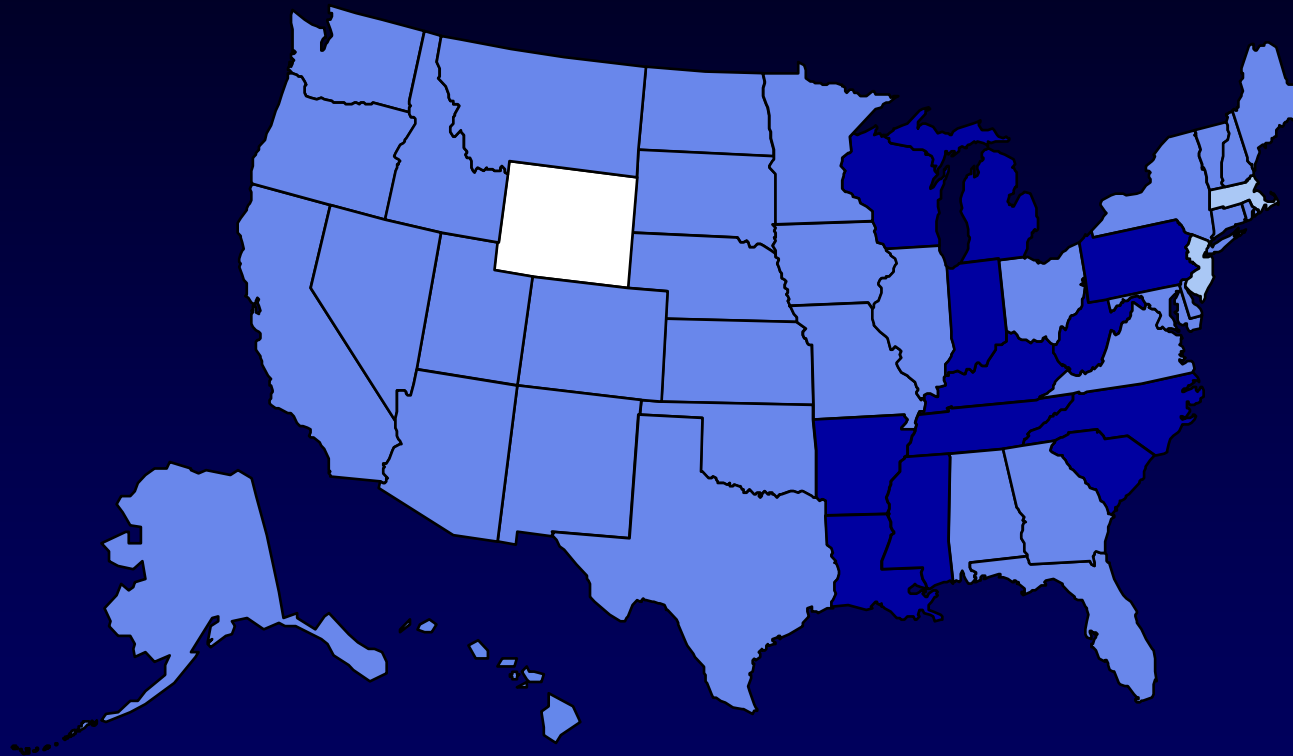


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Obesity Trends* Among U.S. Adults

BRFSS, 1993

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

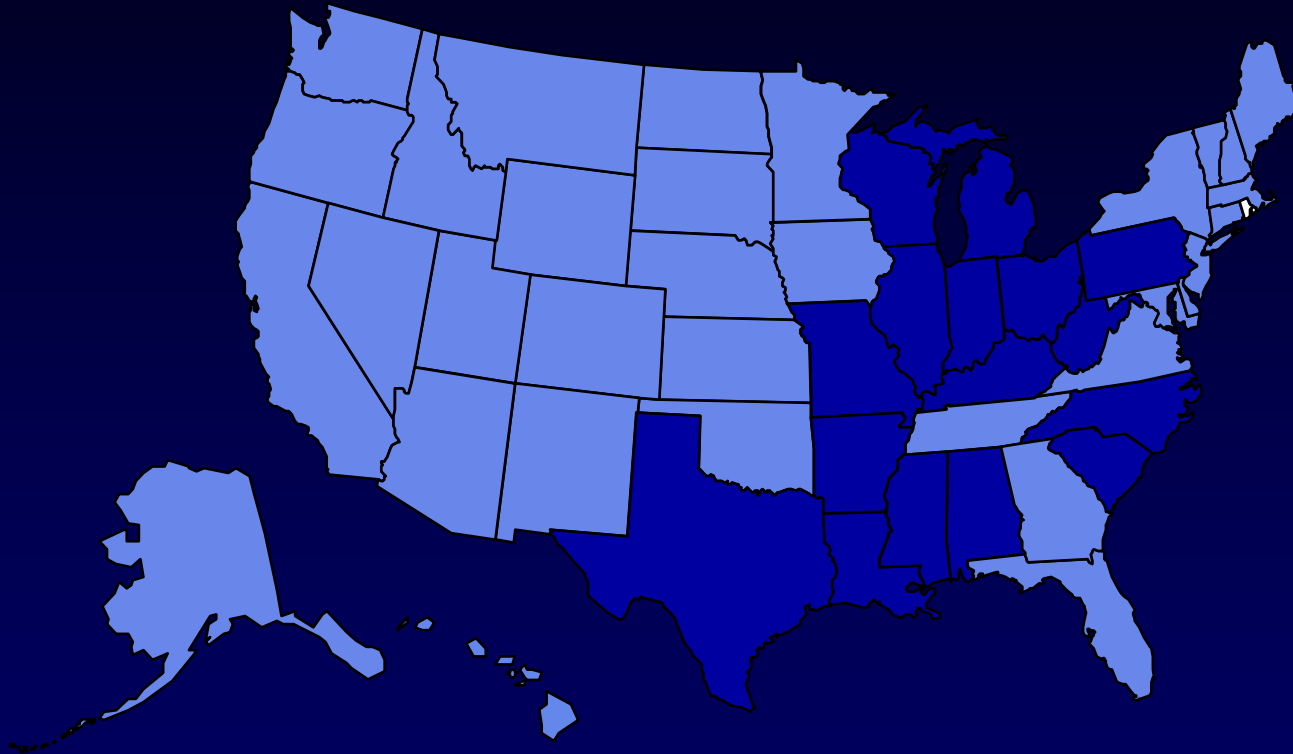


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Obesity Trends* Among U.S. Adults

BRFSS, 1994

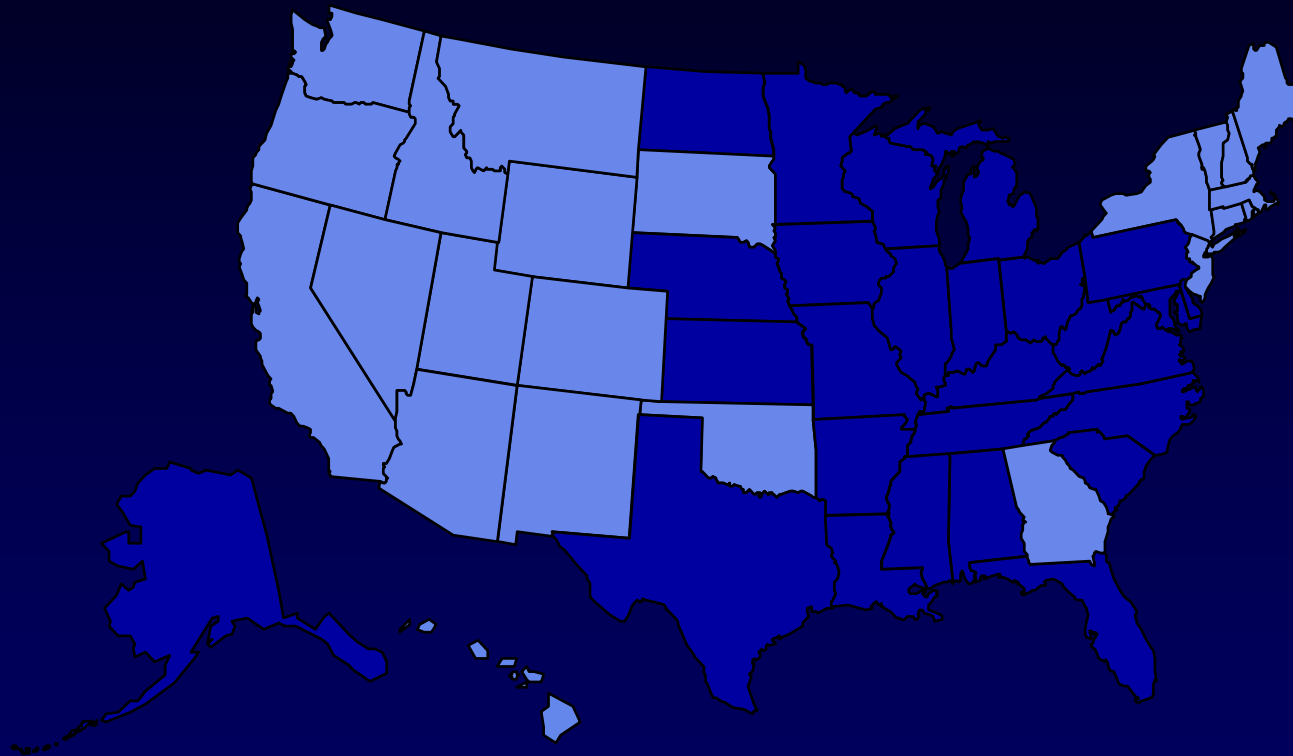
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 1995

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

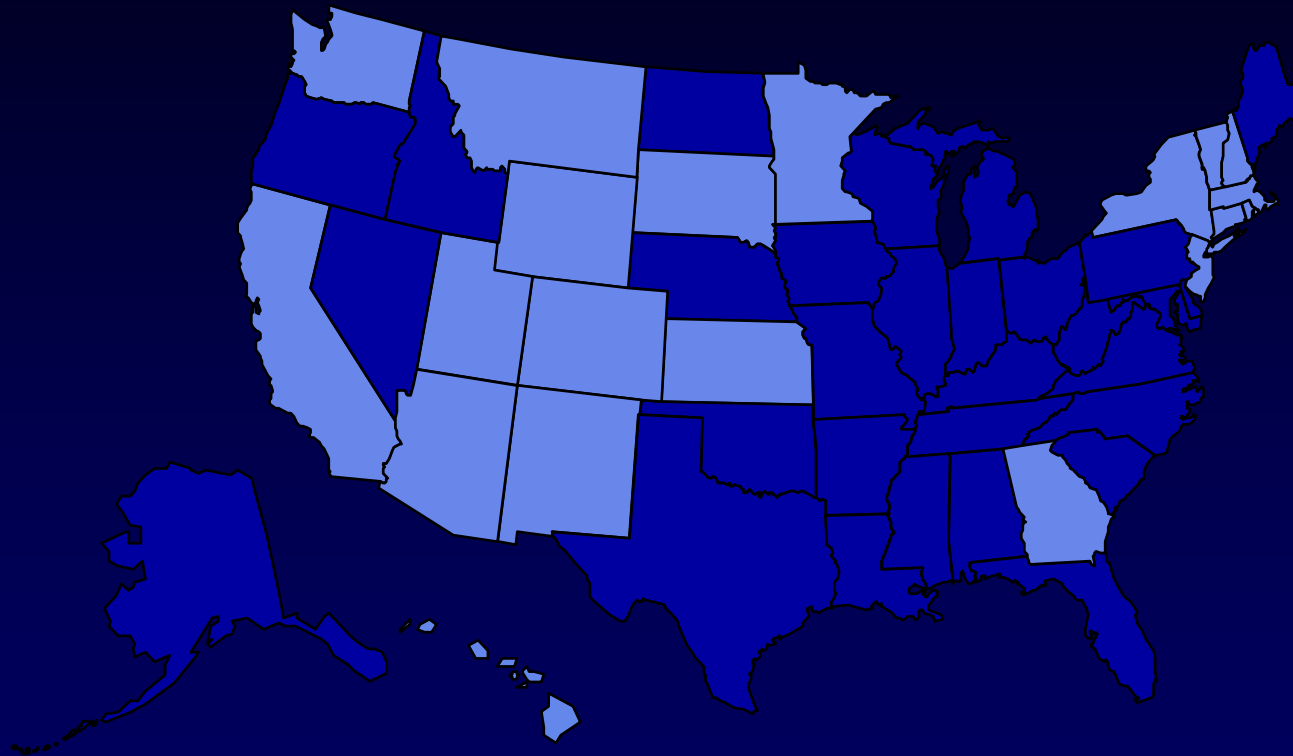


■ No Data ■ <10% ■ 10%–14% ■ 15%–19%

Obesity Trends* Among U.S. Adults

BRFSS, 1996

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

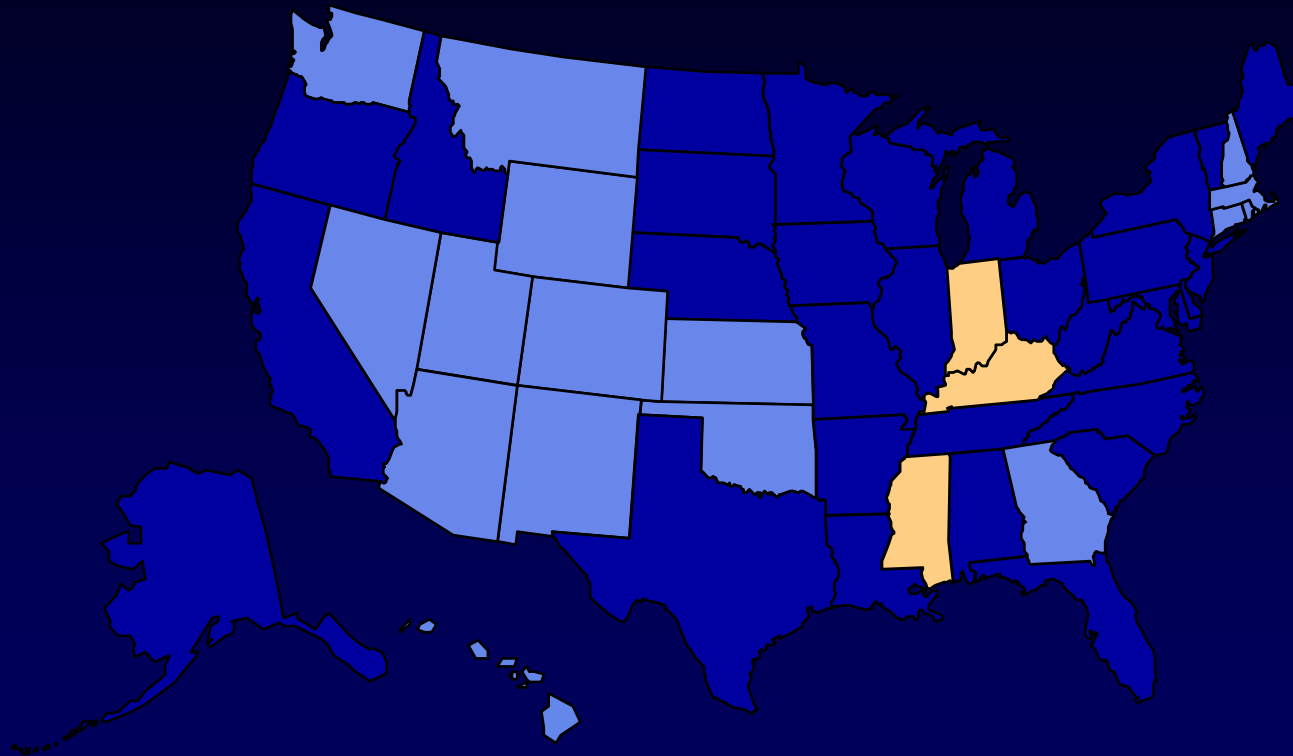


■ No Data ■ <10% ■ 10%-14% ■ 15%-19%

Obesity Trends* Among U.S. Adults

BRFSS, 1997

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

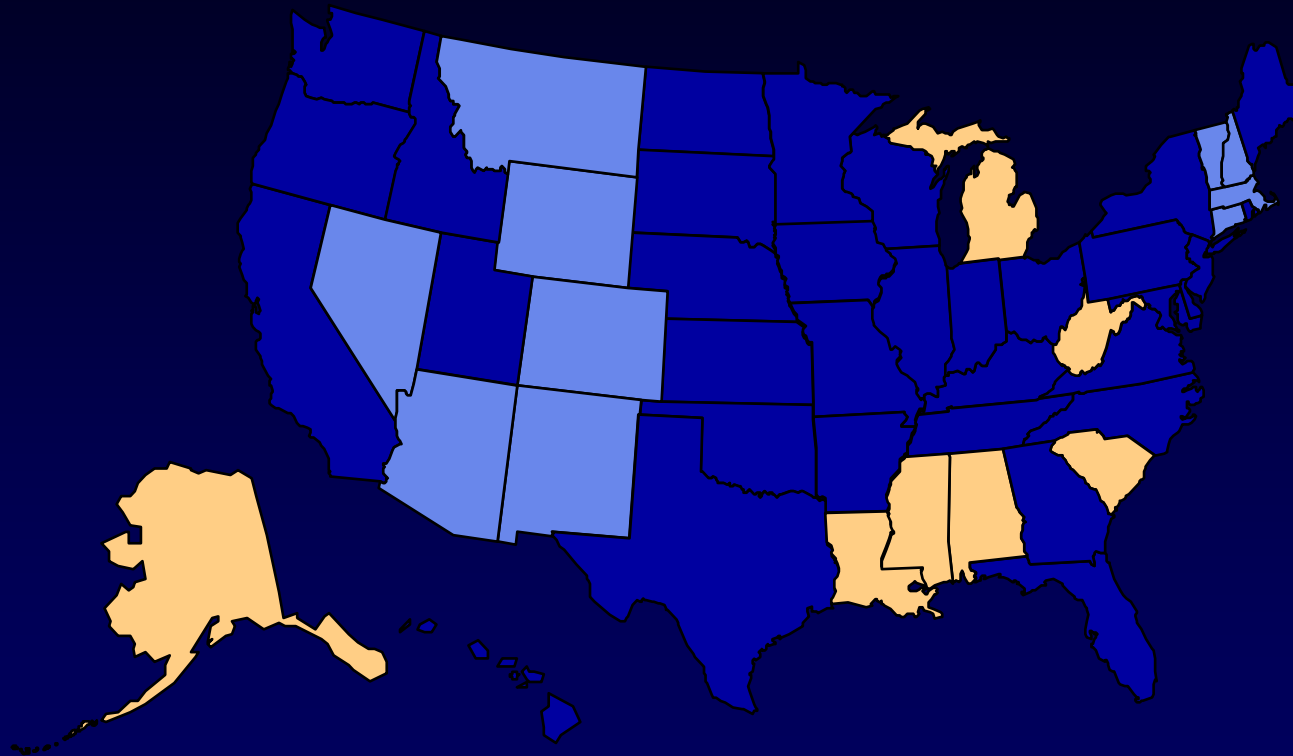


■ No Data ■ <10% ■ 10%-14% ■ 15%-19% ■ 20%-24%

Obesity Trends* Among U.S. Adults

BRFSS, 1998

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

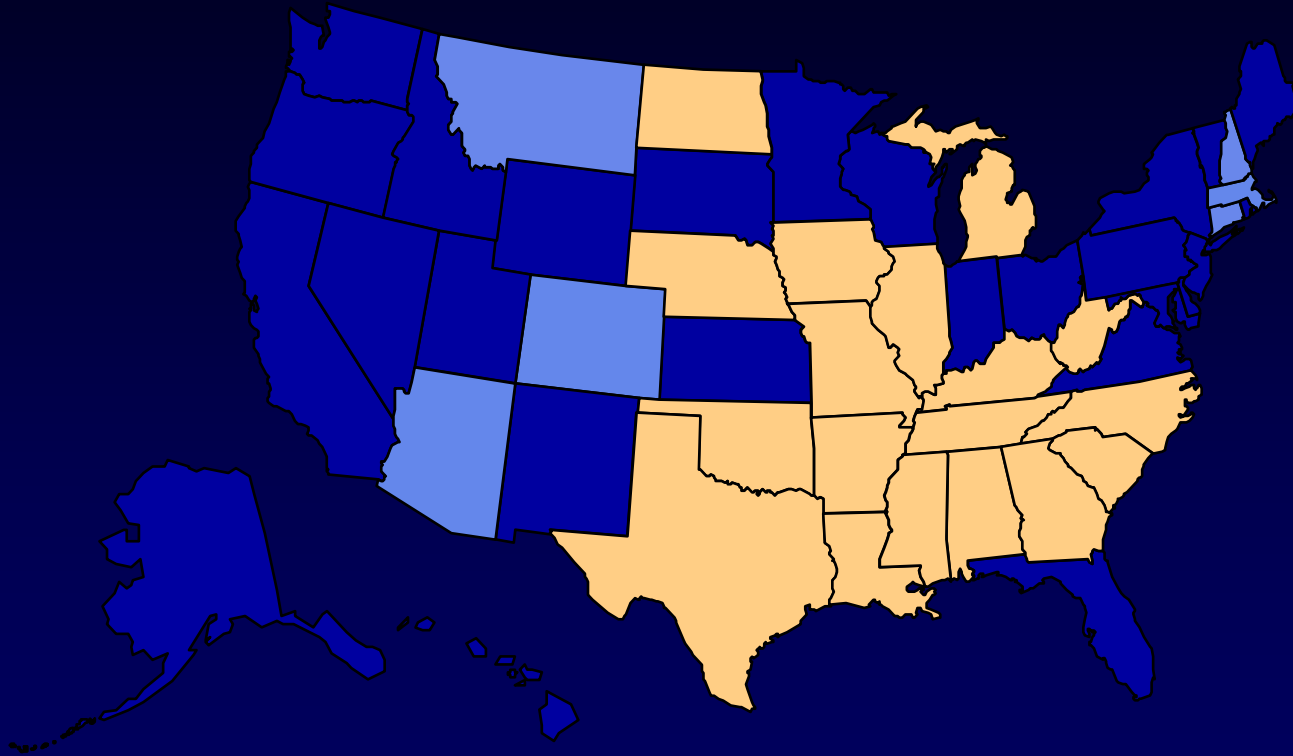


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Obesity Trends* Among U.S. Adults

BRFSS, 1999

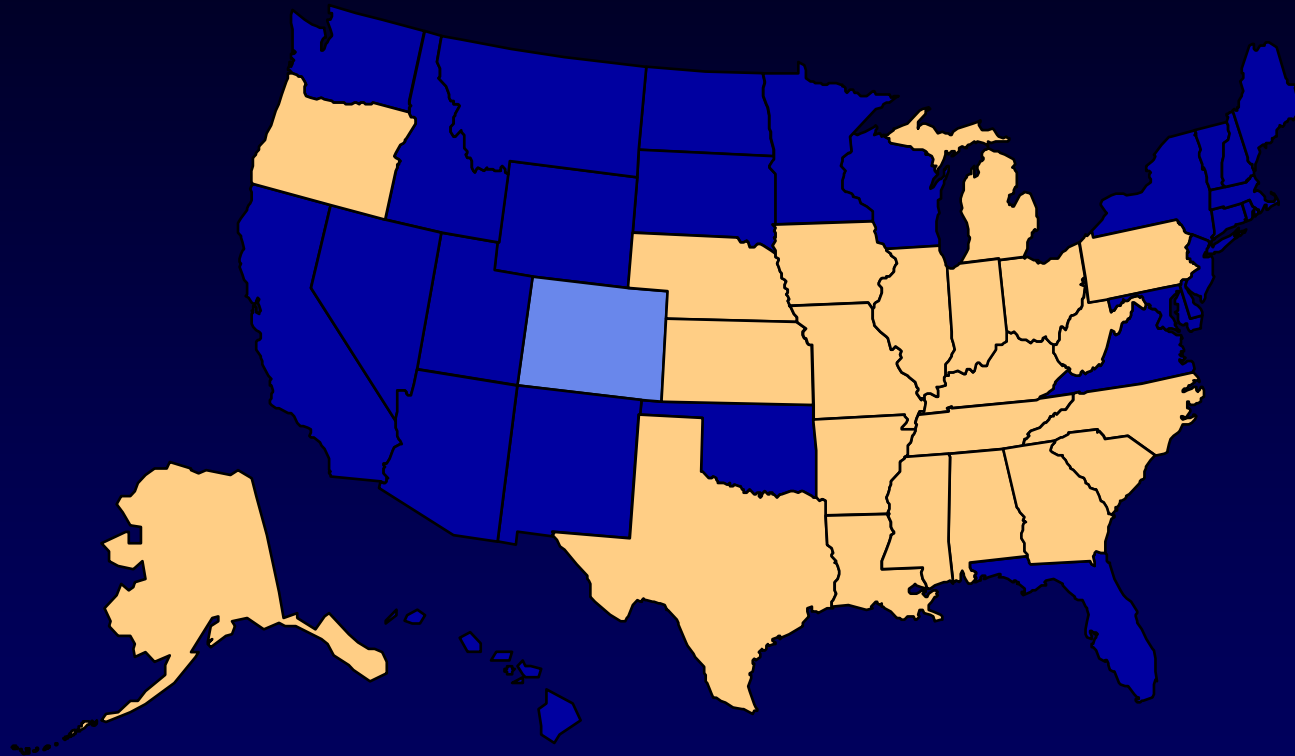
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2000

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

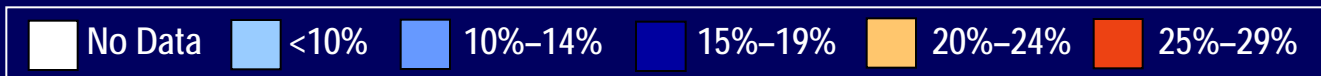
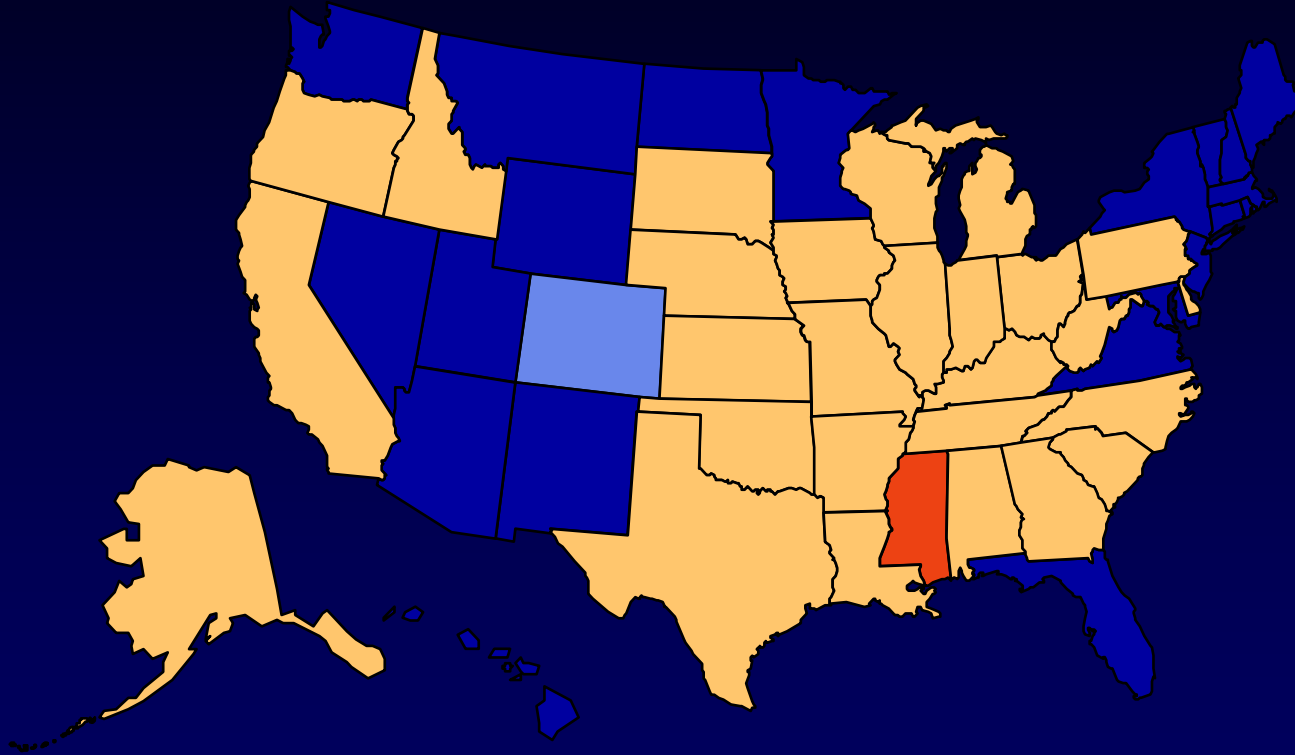


■ No Data ■ <10% ■ 10%–14% ■ 15%–19% ■ 20%–24%

Obesity Trends* Among U.S. Adults

BRFSS, 2001

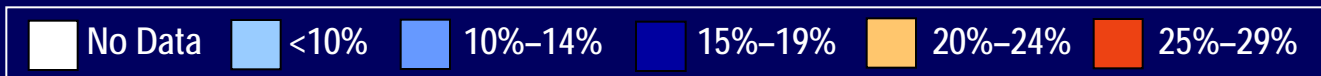
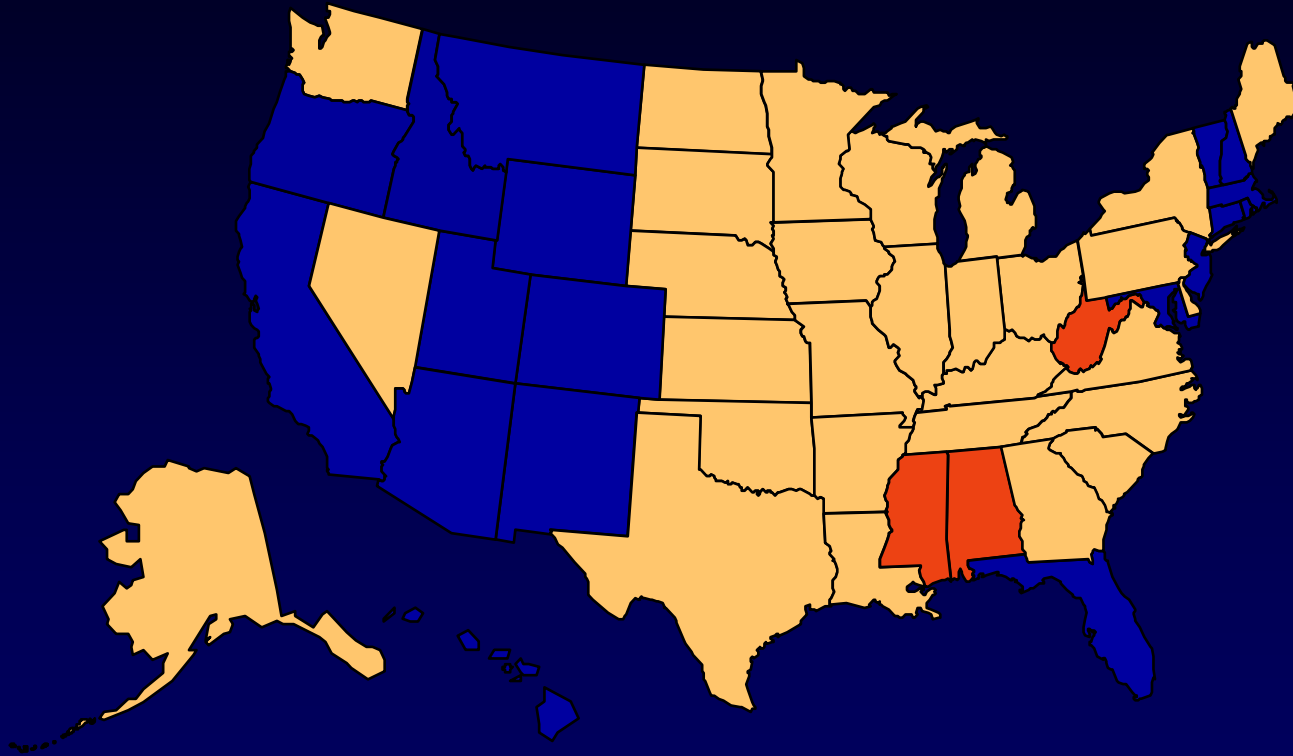
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2002

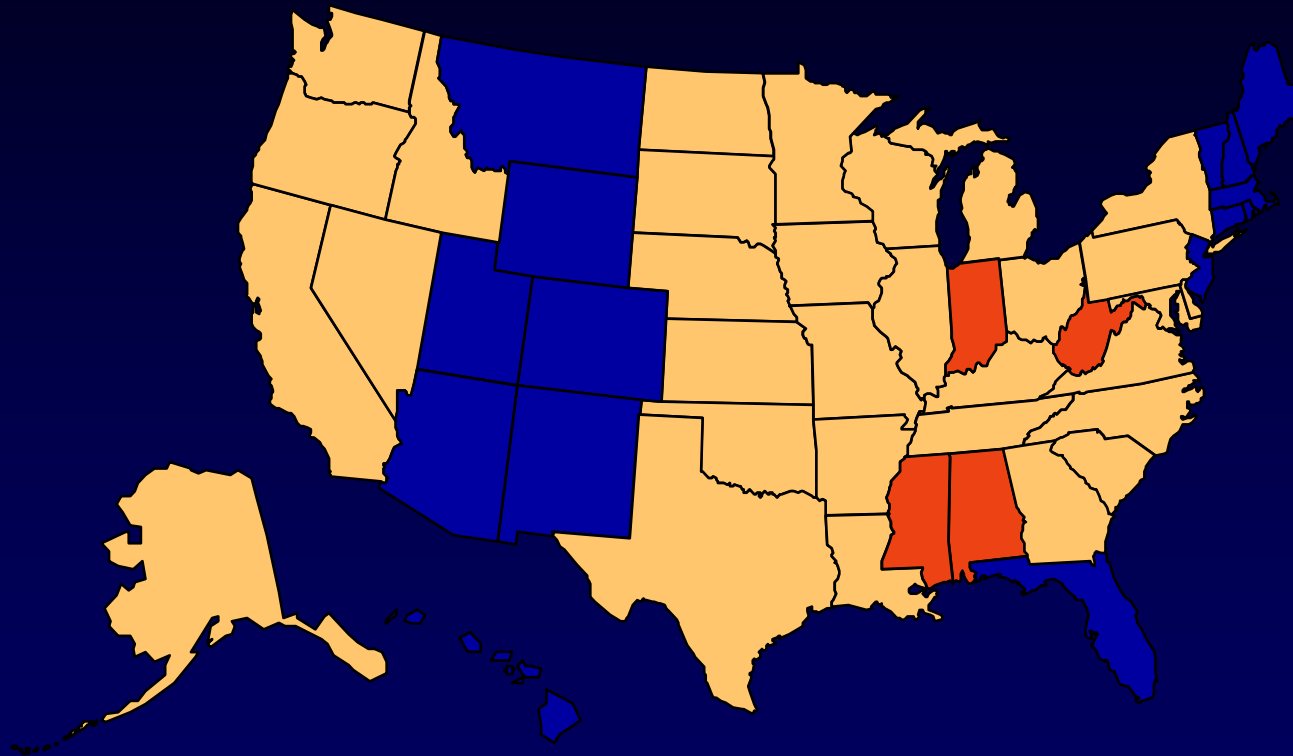
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Obesity Trends* Among U.S. Adults

BRFSS, 2003

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

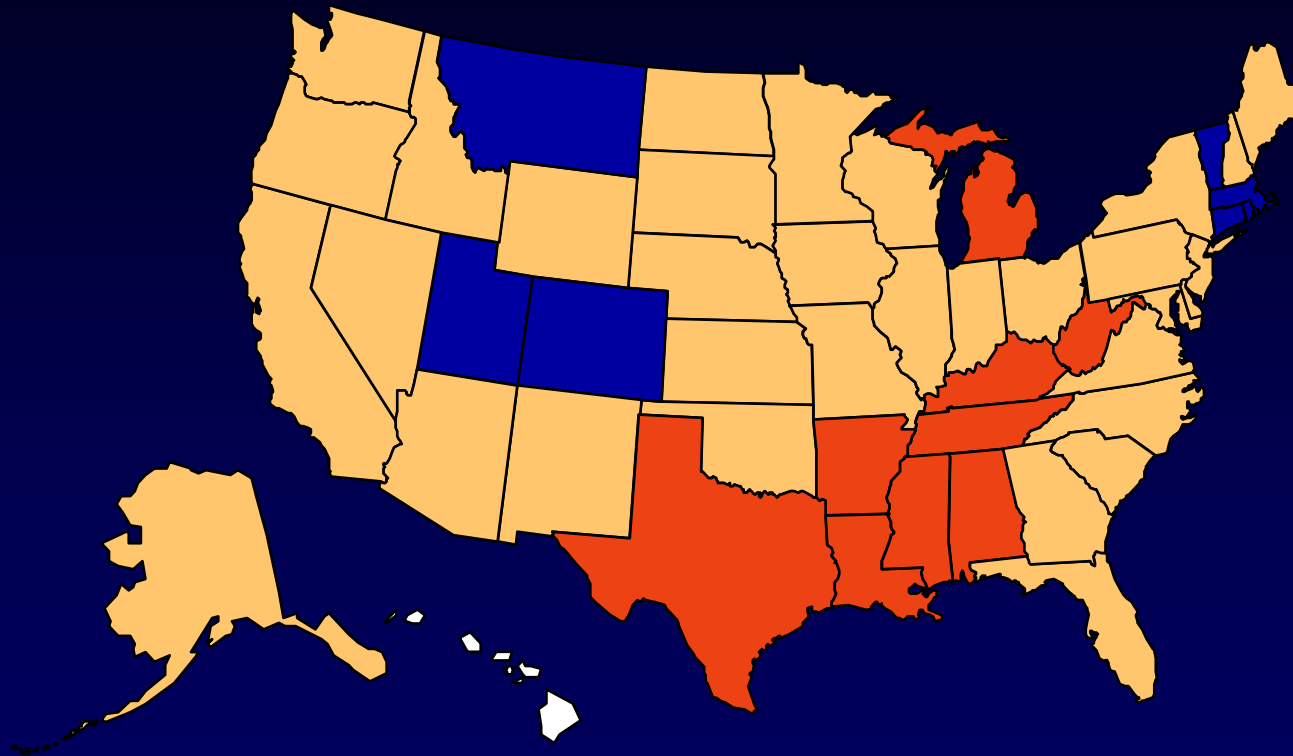


■ No Data ■ <10% ■ 10%–14% ■ 15%–19% ■ 20%–24% ■ 25%–29%

Obesity Trends* Among U.S. Adults

BRFSS, 2004

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

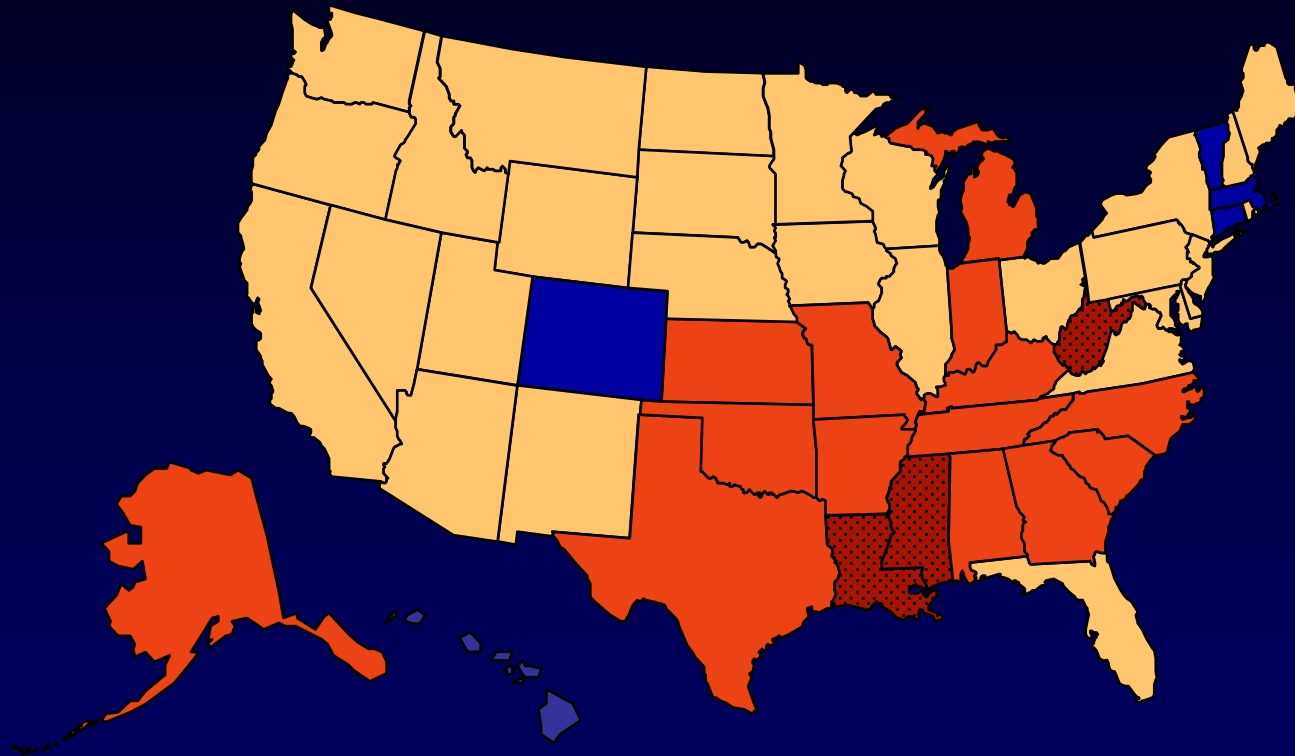


■ No Data ■ <10% ■ 10%–14% ■ 15%–19% ■ 20%–24% ■ 25%–29%

Obesity Trends* Among U.S. Adults

BRFSS, 2005

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

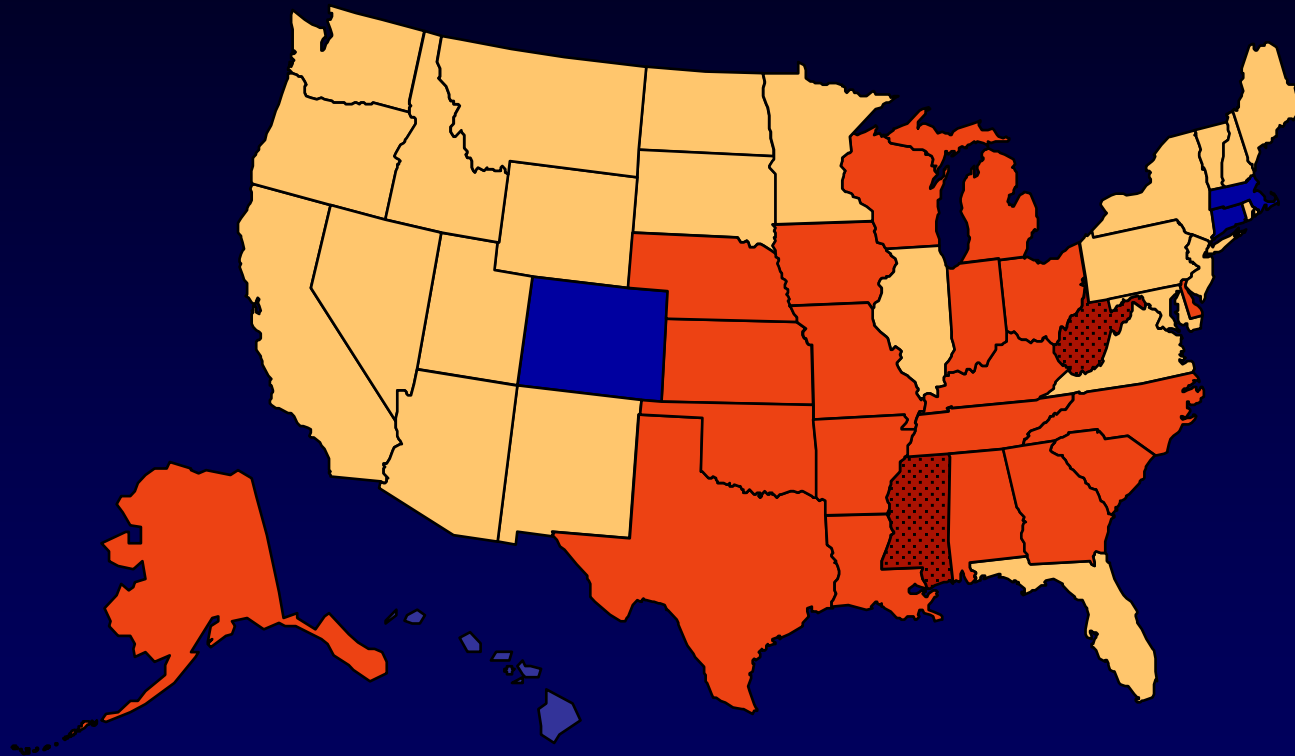


■ No Data ■ <10% ■ 10%–14% ■ 15%–19% ■ 20%–24% ■ 25%–29% ■ $\geq 30\%$

Obesity Trends* Among U.S. Adults

BRFSS, 2006

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

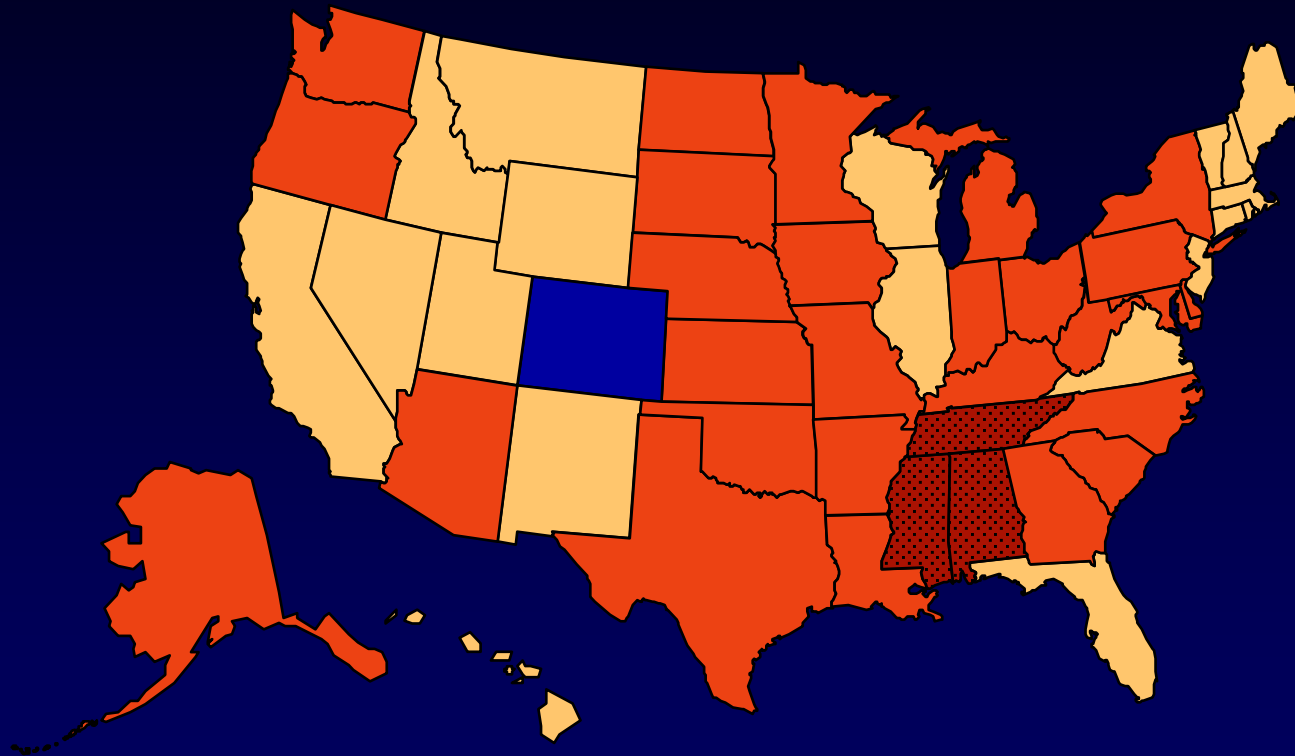


■ No Data ■ <10% ■ 10%–14% ■ 15%–19% ■ 20%–24% ■ 25%–29% ■ $\geq 30\%$

Obesity Trends* Among U.S. Adults

BRFSS, 2007

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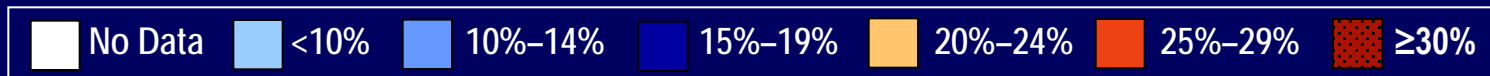
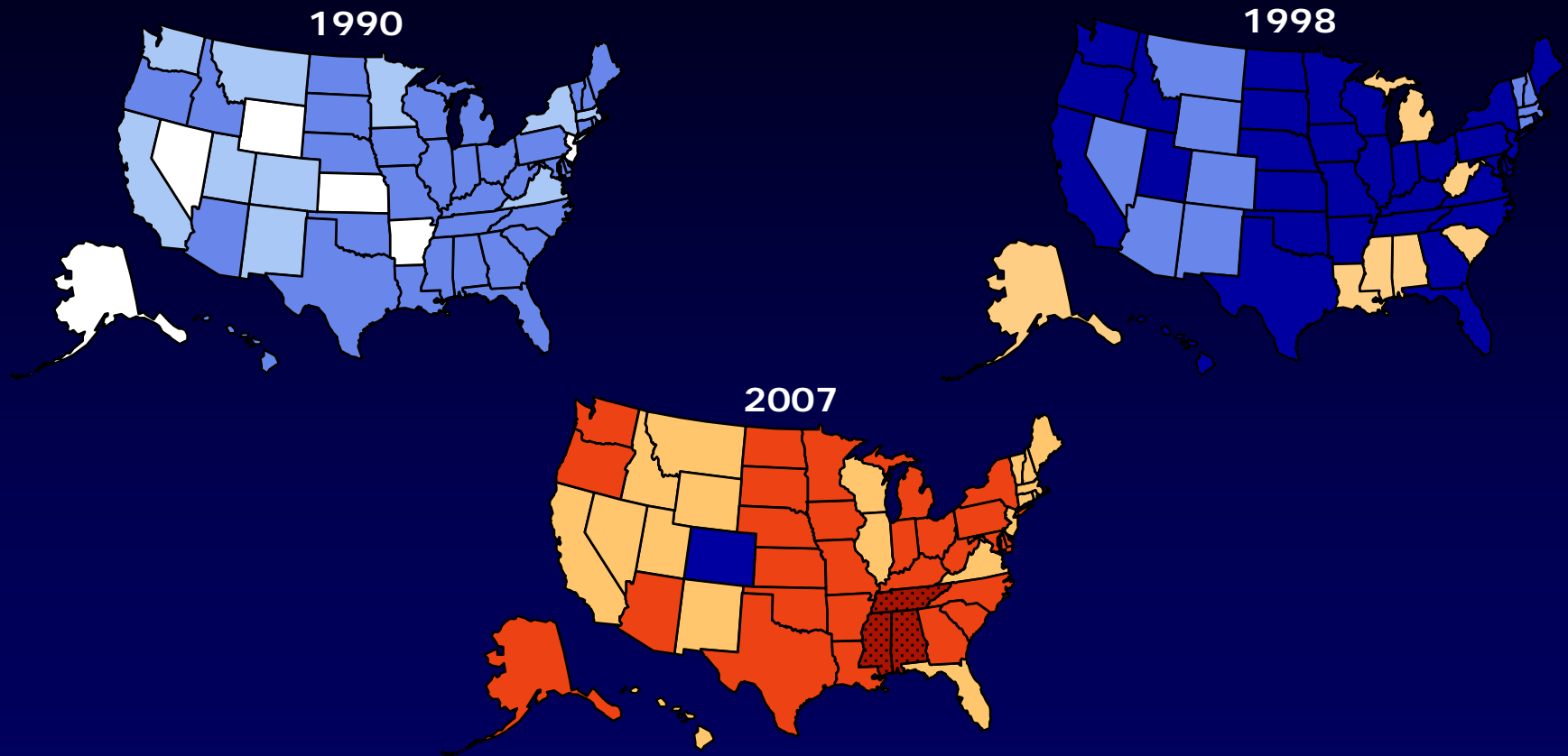


■ No Data ■ <10% ■ 10%–14% ■ 15%–19% ■ 20%–24% ■ 25%–29% ■ ≥30%

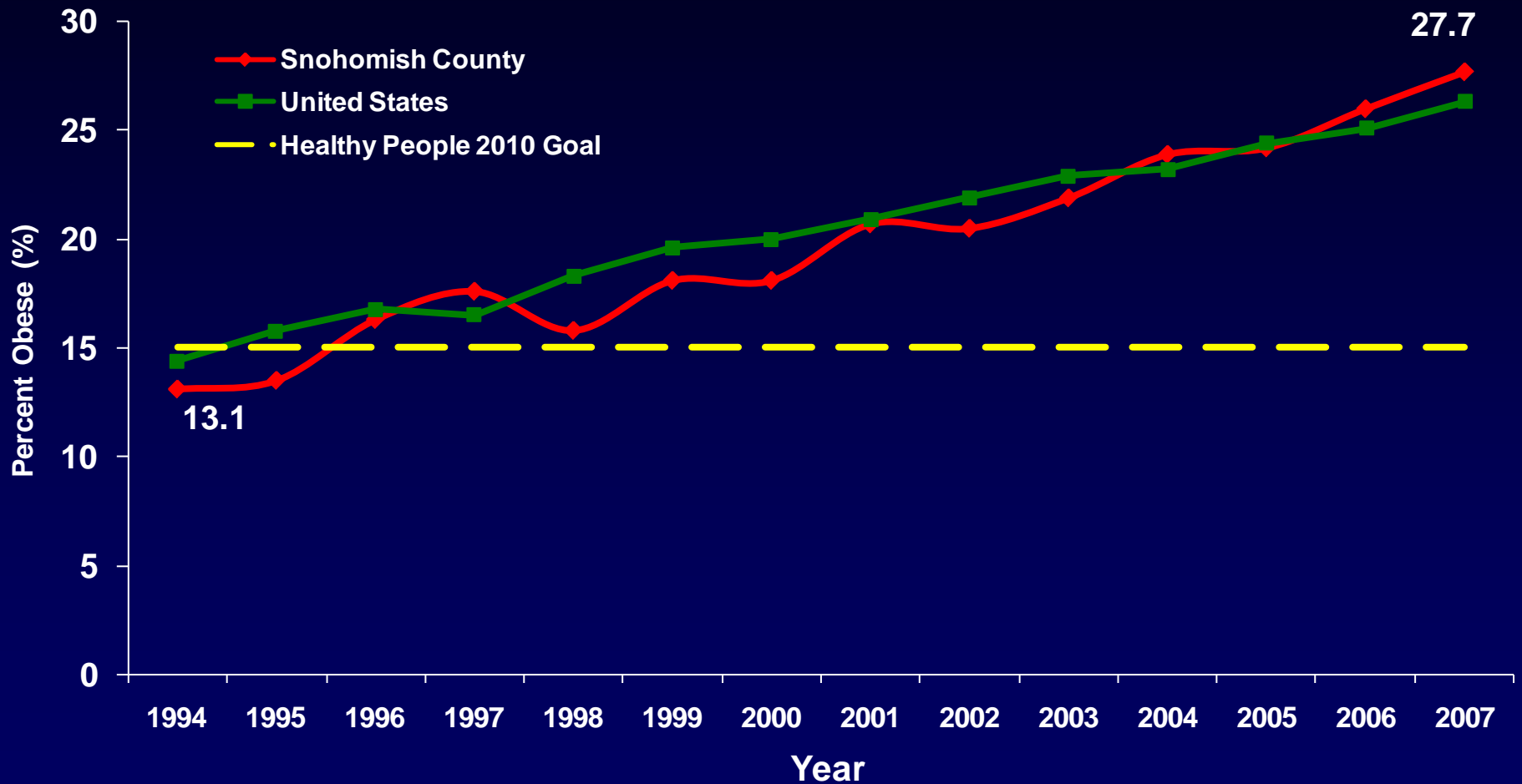
Obesity Trends* Among U.S. Adults

BRFSS, 1990, 1998, 2007

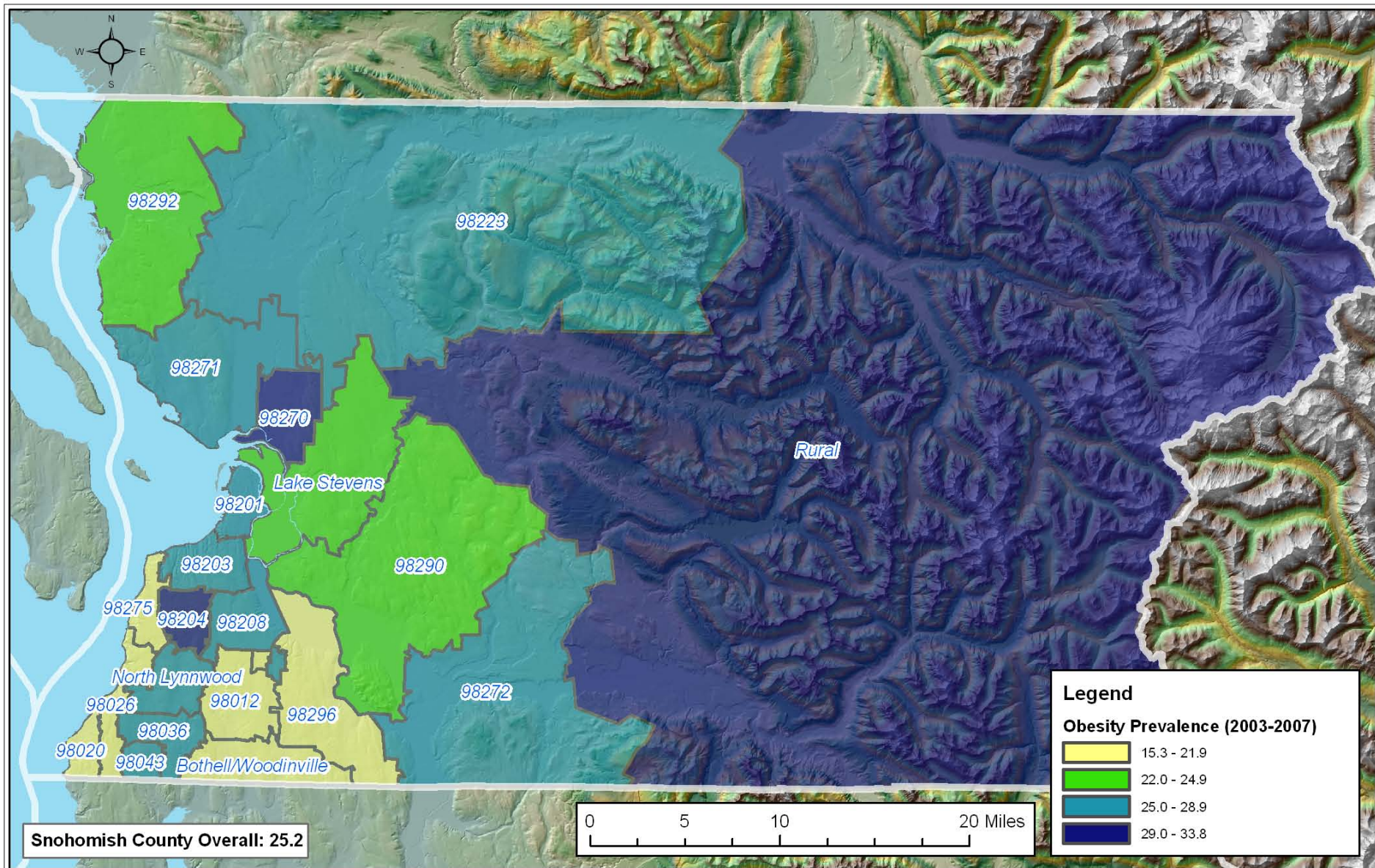
(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



Obesity Trends in Snohomish County & United States



Obesity in Snohomish County, 2003-2007



Trends in Diagnosed Diabetes for Snohomish County Adults



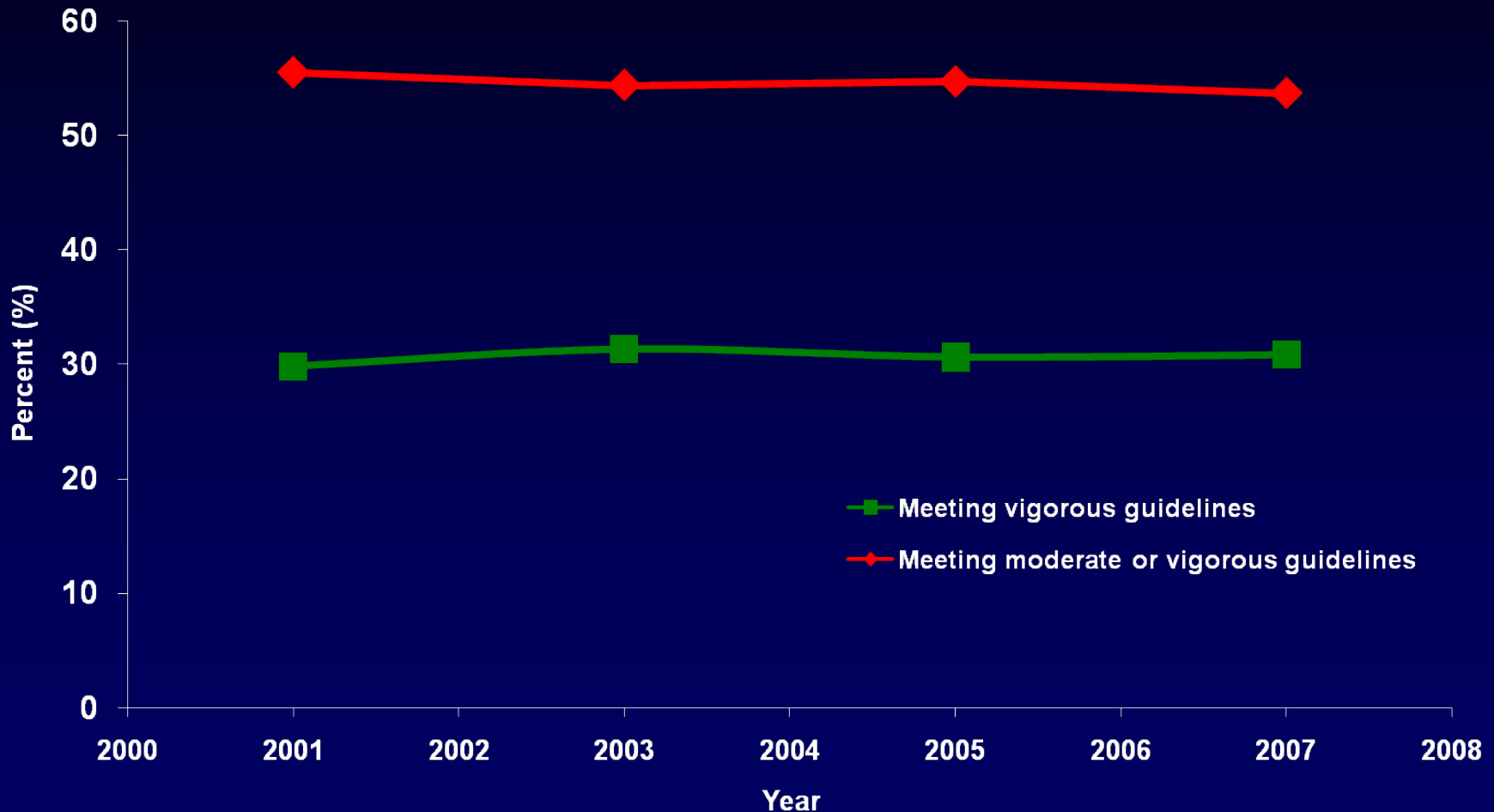
What Has Changed?

- Portion sizes
- Community design
- Automobile reliance
- Time use (recreation & work)
- Cost of healthy vs. unhealthy foods

What Has Been the Response?

- **Promotion of healthy behaviors**
- **Consumer education**
- **Effective in some instances, but...**

Promoting Active Living Has Not Worked in Washington



Traditional Approach to Health Promotion

- **Programmatic approach**
- **Emphasis on psychological/social influences**
- **Goals are education and behavior change**
- **Targets small groups**
 - **Individuals, families & small groups**
- **Reaches limited population and does not engage root causes of behavior**

New Approach to Health Promotion

- **Multi-level interventions**
- **Creating activity-friendly environments**
- **Guiding principle:**
 - **Create environments that make healthy choices easy**
 - **Then motivate and educate people to make those choices**

Conclusions

- **Chronic diseases are now leading causes of death in United States**
- **Causes of chronic disease epidemic are complex and multi-faceted**
- **Building healthy communities that support healthy lifestyles represent *one* promising approach**